


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 030 ****61.25

DOCUMENT # 720927
 1. Entity Name
FIRST BAPTIST CHURCH OF INWOOD, INC.



60014395



Principal Place of Business
 1302 33RD STREET N.W.
 WINTER HAVEN, FL 33881

Mailing Address
 1302 33RD STREET N.W.
 WINTER HAVEN, FL 33881

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1506991		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALKER, GARRY L. 300 WALKER LANE POLK CITY, FL 33868		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, STEVE			NAME			
STREET ADDRESS	4376 DIAMOND RD			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, MAHLON V.			NAME			
STREET ADDRESS	645 26TH STREET N.W.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, GARRY L.			NAME			
STREET ADDRESS	925 ST. RD. 655			STREET ADDRESS			
CITY-ST-ZIP	POLK CITY, FL			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSH, DELMUS E.			NAME			
STREET ADDRESS	1323 33RD ST. N.W.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	K. Lynne Shaw			NAME			
STREET ADDRESS	2810 ⁴ Hurst Rd.			STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE, FL 33823			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K. Lynne Shaw* **2/8/06** **863-967-2504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #